

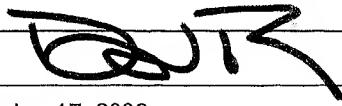
28344

<b>TRANSMITTAL FORM</b>		Application Number	09/816,745
(to be used for all correspondence after initial filing)		Filing Date	March 26, 2001
		First Named Inventor	SAWADA et al.
		Group Art Unit	6536
		Examiner Name	LE, Dang D.
		Attorney Docket Number	1-120

*OIPE OCT 17 2002 JC98*

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	APPENDIX SHOWING CHANGES TO CLAIMS
Remarks			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	October 17, 2002

<b>OIPE CERTIFICATE OF HAND DELIVERY</b>			
I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.			
Type or printed name	David G. Posz		
Signature		Date	October 17, 2002

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**FEE TRANSMITTAL  
for FY 2003**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**84****Complete if Known**

Application Number	<b>09/816,745</b>
Filing Date	<b>March 26, 2001</b>
First Named Inventor	<b>SAWADA et al.</b>
Examiner Name	<b>LE, Dang D.</b>
Group/Art Unit	<b>6536</b>
Attorney Docket No.	<b>01-120</b>

**METHOD OF PAYMENT** (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

**50-1147**

Deposit Account Name

**LAW OFFICES OF DAVID G. POSZ** Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2.  Payment Enclosed:

 Check     Money Order     Other**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	Fee
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	400	2252	200
1253	920	2253	460
1254	1440	2254	720
1255	1960	2255	980
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,280	2453	640
1501	1,280	2501	640
1502	460	2502	230
1503	620	2503	310
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	740	2809	370
1810	740	2810	370
Other fee (specify) _____			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$)

**FEE CALCULATION****1. BASIC FILING FEE**

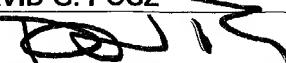
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	Fee
1001	740	2001	370
1002	330	2002	165
1003	510	2003	255
1004	740	2004	370
1005	160	2005	80
SUBTOTAL (1) (\$)			

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from Below	Fee Paid
10	-20**= 0	x 18	= 0
4	- 3**= 1	x 84	= 84

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee
1202	18	2202
1201	84	2201
1203	280	2203
1204	84	2204
1205	18	2205
SUBTOTAL (2) (\$)		84

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone (202) 416-1638
Signature		Date	10-17-02	

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